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JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON DC 20004 2/23/2004 SFELEKE2 00000183 09787423						
FC:1501 1400.00 0P			RADEN	7		(Signature)
						(Date)
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED I	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/787,423	03/23/2001		Henrik Christia	an Hansen	P66431US0	7477
FITLE OF INVENTION: CA		<u>.</u>				
APPLN. TYPE	SMALL ENTITY	· ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO		00	\$0	\$ 1336 \$1400	12/22/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	_	
KIDWELL, N	ИІСНЕLЕ М	3761		604-544000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 JACOBSON HOLMAN PLLC 2			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON T	HE PATENT (print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	data will appea	r on the patent. If an assig r filing an assignment.	nee is identified below, the d	locument has been filed fo
(A) NAME OF ASSIGNE COLOPLAST A/S		(B) RESIDENCE: (CITY and STATE OR COUNTRY) Humlebaek, DENMARK			
Please check the appropriate	assignee category or categor	ies (will not be pri	inted on the pate	ent): 🔲 Individual 🖾 (Corporation or other private gr	oup entity Governmen
la. The following fee(s) are o	enclosed:	4b	Payment of Fe	• *		
Issue Fee (1400) ☐ A check in the amount of the fee(s) is Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2						
Advance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this form).			
. Character E-42- 64-4	(6		Deposit Accou	nt Number <u>06-1358</u>	(enclose an extra c	opy of this form).
a. Applicant claims SN	(from status indicated above) MALL ENTITY status. See 3	7 CFR 1.27.		<u>= ,,</u>	ALL ENTITY status. See 37 C	
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reconstruction.	s requested to apply the Issuablication Fee (if required) wards of the United States Pate	e Fee and Publicat ill not be accepted nt and Trademark	tion Fee (if any) I from anyone o Office.	or to re-apply any previous ther than the applicant; a re-	sly paid issue fee to the applica gistered attorney or agent; or the	ation identified above. the assignee or other party in
Authorized Signature Taway Bank .			Date 22 December 2004			
Typed or printed name Ha	arvey B. $V_{ m Jacobso}$	on, Jr.	Registration No. 20,851			
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